MORGAN COUNTY BOARD OF ZONING APPEALS ADMINISTRATION BUILDING, SUITE 204

___(765) 342-1060 FAX: (765) 342-1091____

Docket No. A	
NOTICE-The Board of Zoning Appeal meets the 4 th Monday of every month.	The
deadline to file for this meeting is the 4 th Monday of the preceding month.	

APPLICATION FOR AREA VARIANCE

Name of Applicant	Phone No
Address of Applicant	
Name of Owner	Address
Premises affected, Street and No	
Between a	nd addresses
Lot Noin	Subdivision
Metes and Bounds Description	
	tisting on Lot-Plot
Reason for Request:	
The above information, to my knowledge and belie	of, is true and correct.
State of Indiana, County of Morgan, ss:	Signature of Applicant
Subscribed and sworn to before me this	day of, 20
	Notary Public
My Commission expires	20

A FEE OF THREE HUNDRED (\$300.00) TO BE PAID TO THE MORGAN COUNTY BOARD OF ZONING APPEALS.

MUST ACCOMPANY THIS APPLICATION

PETITION FOR AREA VARIANCE FINDING OF FACTS

	riance shall be granted in an R-1, R-2, R-3, or R-4 district allowing alcoholic ages to be sold on any premise. DECISION
4.	THE APPROVAL (WILL NOT / WILL) INTERFERE SUBSTANTIALLY WITH THE COMPREHENSIVE PLAN ADOPTED UNDER THE ORDINANCE because:
3.	THE STRICT APPLICATION OF THE TERMS OF THE ORDINANCE (WILL NOT / WILL) CONSTITUTE AN UNNECESSARY HARDSHIP IF APPLIED TO THE PROPERTY FOR WHICH THE VARIANCE IS SOUGHT because:
2.	THE USE AND VALUE OF THE AREA ADJACENT TO THE PROPERTY INCLUDED IN THE VARIANCE (WILL NOT / WILL) BE AFFECTED IN A SUBSTANTIALLY ADVERSE MANNER because: